

National Coalition on Mental Health and Aging

The National Coalition on Mental Health and Aging (NCMHA) would like to formally submit for consideration the following resolutions on Mental Health and Substance Abuse to the 2005 White House Conference on Aging. The resolutions were developed and unanimously adopted by NCMHA on September 28, 2004. In addition, the following non-governmental consumer and professional NCMHA member organizations have endorsed the resolutions:

American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Mental Health Counselors Association
American Nurses Association
American Psychiatric Association
American Psychological Association
American Society on Aging
Bazelon Center for Mental Health Law
Clinical Geropsychology Section, American Psychological Association
Council on Social Work Education
Delaware Valley Mental Health/Aging Advocacy Committee of Southern
 Pennsylvania
Department of Aging and Mental Health, of the Florida Mental Health Institute,
 University of South Florida
Division of Adult Development and Aging, American Psychological Association
Florida Coalition for Optimal Mental Health and Aging
Gerontological Society of America Mental Health Practice and Aging
 Formal Interest Group
Massachusetts Aging and Mental Health Coalition
National Association of Psychiatric Health Systems
National Association of Social Workers
National Association of State Mental Health Program Directors
National Citizens' Coalition for Nursing Home Reform
National Mental Health Association
New Hampshire Coalition on Substance Abuse, Mental Health and Aging
New Hampshire State Mental Health and Aging Consumer Advisory Council
Older Adult Consumer Mental Health Alliance
Positive Aging Resource Center
Psychologists in Long Term Care
Senior Advocacy Team of the Mental Health Association of Southeastern
 Pennsylvania

RESOLUTION ON MENTAL HEALTH & SUBSTANCE ABUSE SERVICES AND INTERVENTIONS

WHEREAS the 1999 Surgeon General's Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 and over will become a major public health problem in the near future due to changing demographics; and

WHEREAS the 2003 President's New Freedom Commission on Mental Health identified as barriers to care:

- A fragmented service delivery system;
- Out of date Medicare policies;
- Stigma due to mental illness and advanced age;
- A mismatch between services that are covered and those preferred by older persons; and
- A lack of adequate preventive interventions and programs that aid early identification of geriatric mental illness; and

WHEREAS the U.S. Supreme Court in the 1999 Olmstead v. L.C. decision ruled that institutionalization of persons with disabilities who, given appropriate supports, could live in the community is a form of discrimination that violates the Americans with Disabilities Act; and

WHEREAS almost 20% of persons age 55 and over experience specific mental and cognitive disorders that are not part of the "normal" aging process including a prevalence rate of 11.4% for anxiety disorders (Department of Health and Human Services, 1999); and

WHEREAS as many as 20% of older adults in the community and up to 37% in primary care settings experience symptoms of depression (Department of Health and Human Services, 1999); and

WHEREAS the Surgeon General's Report observed that as many as half of all people with serious mental illnesses develop alcohol or other drug abuse problems at some point in their lives and 15% of older men and 12% of older women treated in primary care clinics regularly drink in excess of limits recommended by the National Institute on Alcohol Abuse and Alcoholism (Substance Abuse and Mental Health Services Administration, 1998); and

WHEREAS older persons who are dually eligible for Medicare and Medicaid may lose access to medications that they had under their state Medicaid plan when the prescription drug benefit of the Medicare Prescription Drug Improvement and Modernization Act of 2003 takes effect on January 1, 2006; and

WHEREAS comorbidity of mental illness and substance abuse exacerbates symptoms and often leads to treatment noncompliance, more frequent hospitalization, greater depression and likelihood of suicide, incarceration, family friction, and higher service use and cost (Department of Health and Human Services, 1999); and

WHEREAS it is estimated that 17% of older adults misuse and abuse alcohol and medications and although the majority (87%) of older adults see a physician regularly about 40 % of those

who are at risk do not self-identify or seek services for substance abuse problems and are unlikely to be identified by their physicians (Barry, et al., 2001; Substance Abuse and Mental Health Services Administration, 1998); and

WHEREAS older adults have the highest suicide rate of any age group with persons 85 years of age and older having a rate almost double (21 per 100,000), and older white men having a rate almost six times (65 per 100,000) the suicide rate of the general population (10.6 per 100,000) (Conwell, et al., 2002; US Public Health Service, 1999); and

WHEREAS there are effective interventions for most mental and substance abuse disorders experienced by older persons (Bartels, et al., 2003; Department of Health and Human Services, 1999, Gatz, et al., 1998); and

WHEREAS older Americans can accrue overall health benefits from successful treatment of their mental health and/or substance abuse disorder (Administration on Aging, 2001; Department of Health and Human Services, 1999); and

WHEREAS older adults and aging baby boomers present a growing and widely diverse ethnic and cultural population that will present major challenges to the nation's public and private mental health, primary care, and substance abuse systems (Administration on Aging, 2004; Whitfield, 2004);

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including:

- outreach
- home and community based care
- prevention
- intervention
- acute care
- long-term care;

Assure that these services are age appropriate, culturally competent, and consumer driven;

Amend statutes that address public and private health and long-term care insurance plans to:

- guarantee parity in coverage and reimbursement for mental health, physical health, and substance abuse disorders
- eliminate exclusions based on pre-existing conditions
- ensure that benefits packages provide full access to a comprehensive range of coordinated and quality services
- ensure that older persons who are eligible for Medicare have access to a full range of medications;

Improve and effectively coordinate benefits, at all government levels, for those individuals who are dually eligible for Medicare and Medicaid coverage;

Promote the development and implementation of home and community-based care as an alternative to institutionalization through a variety of public and private funding mechanisms;

Promote older adult mental health and substance abuse services research, and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery;

Support the integration of older adult mental health and substance abuse services into primary health care, long term care and community-based service systems;

Promote screening for co-occurring mental and substance use disorders by primary health care, mental health, and substance abuse providers and encourage the development of integrated treatment strategies; and

Increase collaboration among aging, health, mental health, and substance abuse consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce fragmentation of services.

***RESOLUTION ON THE EDUCATION AND DEVELOPMENT OF THE
PROFESSIONAL MENTAL HEALTH WORKFORCE***

WHEREAS mental health, behavioral health and substance abuse professionals are not sufficiently trained in geriatrics, geriatric practitioners are inadequately trained in mental health, and health, social services and general practitioners are inadequately trained in either mental health or geriatrics (Alliance for Aging Research, 2002; Gatz & Finkel, 1995); and

WHEREAS major national studies, including the 2003 President's New Freedom Commission on Mental Health, recognize that there is a severe shortage of practitioners in the mental health, behavioral health, and aging workforce to treat the mental disorders and substance abuse of older adults due to stigma and economic disincentives (Qualls, et al., 2002; Halpain, et al., 1999; Gatz & Finkel, 1995); and

WHEREAS as the diverse baby boom generation ages, there will be increased demand for culturally competent geriatric mental and behavioral health practitioners (Administration on Aging, 2004; Whitfield, 2004); and

WHEREAS there are evidence-based and emerging best practices for successful treatment of mental and behavioral health disorders (Bartels, et al., 2003; Pinguart & Soerensen, 2001; Department of Health and Human Services, 1999; Gatz, et al., 1998); and

WHEREAS undetected or inappropriately treated mental and behavioral health disorders lead to extraordinarily high rates of suicide among older adults and substantially increased risks of mortality from other diseases (Pearson & Brown, 2000; Department of Health and Human Services, 1999); and

WHEREAS interdisciplinary care has been shown to be the most effective approach for successful treatment of mid-life and older adults (Heinemann & Zeiss, 2002); and

WHEREAS it is imperative that graduate and continuing education programs train more health professionals in effective evidence-based and emerging best practices in geriatric mental health (New Freedom Commission, 2003; Qualls, et al., 2002, Halpain, et al., 1999; Gatz & Finkel, 1995); and

WHEREAS health and mental health professions often fail to provide basic curricula in geriatric mental health and substance abuse for all students (Alliance for Aging Research, 2002; Gatz & Finkel, 1995); and

WHEREAS the President's New Freedom Commission on Mental Health recognizes that a complex blend of training, professional, organizational, and regulatory issues needs a comprehensive strategic plan to improve workforce recruitment, retention, diversity, and skills training; and,

WHEREAS the President's New Freedom Commission on Mental Health recognizes that without a strategic plan to improve workforce recruitment, retention, diversity, and skills training, it will be difficult to achieve many of the Commission's other recommendations;

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Actively seek to attract new providers in mental health, behavioral health, and substance abuse for older adults by expanding geriatric traineeships for counselors, nurses, psychiatrists, psychologists social workers, and other health professionals such as occupational therapists, physical therapists, pharmacists, and target national financial incentives such as loan forgiveness programs and continuing education funding;

Require that professional mental health and behavioral health education programs that receive federal funding introduce geriatric course work or rotation for all students that includes promotion of evidence based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders;

Require federal programs to promote interdisciplinary training and education;

Encourage states to revise licensing and continuing education requirements so that geriatric mental health, behavioral health, and substance abuse training is required for all licensed health, mental health and social services professionals;

Direct the Department of Health and Human Services to refine its approach to technology transfer in geriatric mental health and behavioral health evidence-based and emerging best practices to ensure that knowledge is translated more rapidly into the content of training curricula, that curricula employ teaching methods of demonstrated effectiveness, and that knowledge about effective education, recruitment, and retention strategies inform all public and private efforts to translate science to services; and

Eliminate disparities in reimbursement between geriatric mental health, behavioral health, and substance abuse practice and other areas of mental health and health care practice.

***RESOLUTION ON CONSUMER AND CAREGIVER ISSUES REGARDING
MENTAL HEALTH AND SUBSTANCE ABUSE***

WHEREAS the number of older adults with mental illness is expected to double to 15 million in the next 30 years (Jeste, et al., 1999); and

WHEREAS almost two thirds of older adults with a mental disorder do not receive needed services (Rabins, 1996); and

WHEREAS studies indicate that 50 – 70% of all primary care medical visits are related to psychological factors such as anxiety, depression, and stress (American Psychological Association, 2004); and

WHEREAS the 1999 Surgeon General’s report on Mental Health asserts that stigma surrounding the receipt of mental health treatment affects older people disproportionately and, as a result, older adults and their family members often do not want to be identified with the traditional mental health system therefore making stigma a major barrier to care that results in the underutilization of mental health and substance abuse services; and

WHEREAS as many as 17% of older adults knowingly or unknowingly engage in alcohol or medication misuse and abuse (Substance Abuse and Mental Health Services Administration, 1998); and

WHEREAS there is a paucity of research on the extent of mental health and substance abuse problems among older people, effective prevention and treatment strategies (Bartels & Unutzer, 2003; Curry & Jackson, 2003; Department of Health and Human Services, 2001; Katz, 1995); and

WHEREAS older adults have the highest suicide rate of any age group (Hoyert, et al., 1999; US Public Health Service, 1999); and

WHEREAS late-life mental disorders pose difficulties for the burgeoning numbers of family members who assist in caretaking tasks for their loved ones (Light & Lebowitz, 1991);

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging that:

Recommendation 1.1 of the 2003 Presidents New Freedom Commission on Mental Health Final Report, which seeks to advance and implement a national campaign to reduce the stigma associated with mental illness include an emphasis on older adults and seeking care as well as a national strategy for suicide prevention; and

A public/private education campaign be initiated under the Department of Health and Human Services to educate consumers, family members, providers, and the public on healthy aging and mental wellness and the identification and promise of effective treatments for mental health disorders in older adults incorporating consumer choice/ empowerment and involving consumers as educators; and

Older adults be identified as a priority for public mental health and substance abuse program funding; and

Research be conducted to assess the efficacy of prevention and treatment approaches for older adults (including peer support groups); and

Evidence based, emerging best practices, and value based mental health and substance abuse outreach, prevention, and treatment services for older adults be made available, accessible, and affordable and be provided by people trained and experienced working with older adults; and

Providers deliver services that are linguistically, culturally, ethnically, and age appropriate; and

The role of caregivers be recognized and supportive services be provided e.g., support groups, respite care, and counseling.

References

- Administration on Aging (2004). Addressing Diversity. [On-line] Available: <http://www.aoa.gov/prof/adddiv/adddiv.asp>
- Alliance for Aging Research (2002). *Medical Never-Never Land: Ten Reasons Why America is Not Ready for the Coming Age Boom*.
- American Psychological Association (2004). The Costs of Failing to Provide Appropriate Mental Health Care. [On-line] Available: <http://www.apa.org/practice/failing.html>.
- Barry, K.L., Oslin, D.W., & Blow, F.C. (2001) *Alcohol problems in older adults: Prevention and management*. New York: Springer Publishing Co. (2001).
- Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Arean, P. A., Alexopoulos, G. S., & Jeste, D.V. (2003). Evidence-based practices in geriatric mental health care: an overview of systematic reviews and meta-analyses. *Psychiatric Clinics of North America*. 26, 971-990.
- Center for Substance Abuse Treatment (1998). *Treatment improvement protocol (TIP) #26. Substance abuse among older adults*. Rockville, MD: US Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.
- Conwell, Y., Duberstein, P.R., & Caine, E.D. (2002) Risk factors for suicide in later life. *Biological Psychiatry*, 52, 193-294.
- Curry, L., & Jackson, J. (Eds.) (2003) *The Science of Inclusion: Recruiting and Retaining Racial and Ethnic Elders in Health Research*. Gerontological Society of America
- Gatz, M., Fiske, A., Kaskie, B., Kasl-Godley, J. E., McCallum, T. J., & Wetherell, J. L. (1998). Empirically validated psychological treatments for older adults. *Journal of Mental Health and Aging*, 4, 9-46.
- Gatz, M., & Finkel, S. I. (1995). Education and training of mental health service providers. In M. Gatz (Ed.), *Emerging issues in mental health and aging* (pp. 282-302). Washington, DC: American Psychological Association.
- Halpain, M.C., Harris, J., McClure, F.S., & Jeste, D.V. (1999). Training in geriatric mental health: Needs and strategies. *Psychiatric Services*. 50, 1205-1208.
- Heinemann, G., & Zeiss, A. M. (Eds.). (2002). *Team performance in health care: Assessment and development*. New York: Kluwer Academic/Plenum Press.
- Hoyert, D., Kochanek, K., & Murphy, S. (1999) Deaths: Final data for 1997. *National Vital Statistics Reports*, 47, 9. Hyattsville, MD: National Center for Health Statistics.
- Jeste, D.V., Alexopoulos, G.S., Bartels, S.J., Cummings, J.L., Gallo, J.J., Gottlieb, G.L. & Halpain, M.C., Palmer, B.W., Patterson, T.L., Reynolds, C.F., &

- Lebowitz, B.D. (1999). Consensus Statement of the Upcoming Crisis in Geriatric Mental Health: A research agenda for the next 2 decades. *Archives of General Psychiatry*, 56, 848-853.
- Kachur, S. P., Potter, L. B., James, S. P., & Powell, K. E. (1995). *Suicide in United States 1980–1992* (Violence Surveillance Summary Series, No. 1). Atlanta, GA: National Center for Injury Prevention and Control.
- Katz, I. (1995). Infrastructure Requirements for Research in Late Life. In M. Gatz (Ed.), *Emerging issues in mental health and aging* (pp. 282-302). Washington, DC: American Psychological Association.
- Light, E., & Lebowitz, B. D. (Eds.). (1991). *The elderly with chronic mental illness*. New York: Springer.
- New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America. Final report*. (DHHS Publication No. SMA-03-3832). Rockville, MD: Author.
- Pearson, J.L., & Brown, G.K. (2000). Suicide prevention in late life: directions for science and practice. *Clinical Psychology Review*, 20, 685-705.
- Pinquart, M., & Soerensen, S. (2001). How effective are psychotherapeutic and other psychosocial interventions with older adults? A meta-analysis. *Journal of Mental Health and Aging*, 7, 207-243.
- Qualls, S.H., Segal, D.L., Norman, S., Niederehe, G., Gallagher-Thompson, T. (2002). Psychologists in practice with older adults: current patterns, sources of training, and need for continuing education. *Professional Psychology: Research and Practice*, 33, 435-442.
- Rabins, P.V., (1996). Barriers to diagnosis and treatment of depression in elderly patients. *American Journal of Geriatric Psychiatry*, 4, S7-S83.
- U.S. Department of Health and Human Services. Administration on Aging. (2001). *Older Adults and Mental Health: Issues and Opportunities*. Washington, DC
- U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Washington, DC: Author.
- U.S. Public Health Service. (1999) *The Surgeon General's call to action to prevent suicide*. Washington DC: [On-line] Available: <http://www.surgeongeneral.gov/library/calltoaction/default.htm>.
- Whitfield, K.E. (Ed.) (2004). *Closing the Gap: Improving the Health of Minority Elders in the New Millennium*. Gerontological Society of America.